

THOMSON LICENSING INC.

FACSIMILE TRANSMISSION

Thomson Licensing Inc.
2 Independence Way - Suite 2
Princeton, NJ 08540, USA

FAX: (609) 734-6888

PHONE: (609) 734-6800

TO: USPTO

LOCATION: Washington, DC / Unit 2615 / Po Lin Chieu

FAX NO.: 703-~~318~~ 872-9314 EXT: _____

FROM: Joel Fogelson

EXT: _____ NO. OF PAGES (including cover) 12

DATE: May 19, 2003

REMARKS:

- Serial # 09/378, 669

Response to Office Action mailed on
Dec. 19, 2002

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PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 410**Complete if Known**

Application Number 09/378,669
 Filing Date August 20, 1999
 First Named Inventor Shu Lin, et al.
 Examiner Name Po Lin Chieu
 Group / Art Unit 2615
 Attorney Docket No. RCA 89,417

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:

Deposit Account Number 07-0632

Deposit Account Name THOMSON multimedia Licensing Inc.

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375			Utility filing fee	
1002	330	2002	165			Design filing fee	
1008	520	2003	260			Plant filing fee	
1004	750	2004	375			Reissue filing fee	
1005	160	2005	80			Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20**			
Independent Claims	-3**		
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9			Claims in excess of 20	
1201	84	2201	42			Independent claims in excess of 3	
1203	280	2203	140			Multiple dependent claim, if not paid	
1204	84	2204	42			** Reissue independent claims over original patent	
1205	18	2205	9			** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65			Surcharge - late filing fee or oath	
1052	50	2052	25			Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130			Non-English specification	
1812	2,520	1812	2,520			For filing a request for reexamination	
1804	920*	1804	920*			Requesting publication of SIR prior to Examiner action	
1806	1,840*	1806	1,840*			Requesting publication of SIR after Examiner action	
1251	110	2251	55			Extension for reply within first month	
1252	410	2252	205			Extension for reply within second month	410
1253	930	2253	465			Extension for reply within third month	
1254	1,450	2254	725			Extension for reply within fourth month	
1255	1,970	2255	985			Extension for reply within fifth month	
1401	320	2401	160			Notice of Appeal	
1402	320	2402	160			Filing a brief in support of an appeal	
1403	280	2403	140			Request for oral hearing	
1451	1,510	1451	1,510			Petition to institute a public use proceeding	
1452	110	2452	55			Petition to revive - unavoidable	
1453	1,300	2453	650			Petition to revive - unintentional	
1501	1,300	2501	650			Utility issue fee (or reissue)	
1502	470	2502	235			Design issue fee	
1503	630	2503	315			Plant issue fee	
1460	130	1460	130			Petitions to the Commissioner	
1807	50	1807	50			Processing fee under 37 CFR 1.17 (a)	
1808	180	1808	180			Submission of Information Disclosure Sheet	
8021	40	8021	40			Recording each patent assignment per property (times number of proprietors)	
1809	750	2809	375			Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375			For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375			Request for Continued Examination (RCE)	
1802	900	1802	900			Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Name (Print/Type)	Registration No. Attorney/Agent	Telephone
Joel M. Fogelson	43,613	609-734-6809
Signature	Date	May 19, 2003

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